

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CHRISHAVEN I (0008527)

Address: 2905 2907 SCARLETT DRIVE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 01/01/1997

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096957 **End Date:** 05/19/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010069 Served 05/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		
83.41(5)(d)2	HOT WATER TEMPERATURES		
83.51(1)(f)	EXTERIOR SURFACES TREATED MAINTAINED		
83.51(1)(g)	FLOORS WALLS CEILINGS IN GOOD REPAIR		

Survey ID: 0092049 **End Date:** 02/10/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006377 Served 02/25/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	05/01/2004	Yes
83.14(7)(b)	CONTINUING EDUCATION	05/01/2004	Yes
83.21(4)(l)	CLOTHING AND POSSESSIONS	05/01/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.